

2502

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Greenlee</u> State <u>ARIZONA</u>		State File No. <u>35</u> ✓	
Township <u>Duncan</u> or Village _____		City _____ No. _____ St. _____ Ward _____		Registered No. _____	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in State when death occurred? <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.	
2. FULL NAME <u>Phillip Edwin Stewart</u>		(a) Residence: No. <u>Duncan</u> St. _____ Ward _____		(If non-resident give city or town and State)	
<div> <div>PERSONAL AND STATISTICAL PARTICULARS</div> <div> <div>3. SEX <u>male</u></div> <div>4. COLOR OR RACE <u>white</u></div> <div>5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>single</u></div> </div> <div> <div>5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____</div> <div>6. DATE OF BIRTH (month, day, and year) <u>aug 11 1932</u></div> <div>7. AGE <u>1</u> Years <u>3</u> Months <u>1</u> Days If LESS than 1 day, _____ hrs. or _____ min.</div> </div> <div> <div>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____</div> <div>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____</div> <div>10. Date deceased last worked at this occupation (month and year) _____</div> <div>11. Total time (years) spent in this occupation _____</div> </div> <div> <div>12. BIRTHPLACE (city or town) (state or country) <u>Franklin Arizona</u></div> <div>13. NAME <u>Phillip Stewart</u></div> <div>14. BIRTHPLACE (city or town) (State or country) <u>Franklin Arizona</u></div> <div>15. MAIDEN NAME <u>Ereta Watkins</u></div> <div>16. BIRTHPLACE (city or town) (State or country) <u>Graham co. Arizona</u></div> <div>17. INFORMANT <u>B. Carl Stowell</u> (Address) _____</div> <div>18. BURIAL, CREMATION, OR REMOVAL Place <u>Franklin Ariz</u> Date <u>Nov 13, 1933</u></div> <div>19. UNDERTAKER <u>none</u> (Address) _____</div> <div>20. Filed <u>4-16</u> 19<u>33</u> <u>Eugene P. ...</u> Registrar</div> </div> <div> <div>MEDICAL CERTIFICATE OF DEATH</div> <div> <div>21. DATE OF DEATH (month, day, and year) <u>November 12 1933</u></div> <div>22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 4</u> 19<u>33</u> to <u>Nov 12</u> 19<u>33</u></div> <div>I last saw him alive on <u>Nov 11</u> 19<u>33</u>; death is said to have occurred on the date stated above, at <u>1:30 P.</u> m.</div> <div>The principal cause of death and related causes of importance were as follows: <u>Dysentery with Septicemia</u> of <u>throat</u> <u>Nov 1933</u></div> <div>Date of Onset _____</div> <div>Other contributory causes of importance: <u>an attack of Rheumatitis just previous to onset of fatal illness</u></div> <div>Name of operation _____ Date of _____</div> <div>What test confirmed diagnosis? <u>microscopic ex.</u> Was there an autopsy? <u>no.</u></div> <div>23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____</div> <div>Where did injury occur? _____ (Specify city or town, county and State)</div> <div>Specify whether injury occurred in industry, in home, or in public place. _____</div> <div>Manner of injury _____</div> <div>Nature of injury _____</div> <div>24. Was disease or injury in any way related to occupation of deceased? <u>no</u></div> <div>If so, specify _____</div> <div>(Signed) <u>Everett Allen</u> M. D.</div> <div>(Address) <u>Duncan Arizona</u></div> </div> </div> </div>					